

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 1096

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To

(Payee)

PAID BY

Encl #2.

SAPC 22910

COPY 1 OF 2

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				9,630.	09

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$ 9,630.09

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATINTL

(Sign original only)

Differences _____

Date 12/20/57 *Payee

not required when a like certificate is made by payee on attached bill or bills

Per

Title

Amount verified; correct for

(Signature or initials)

Contract No. A101 Date _____ Req. No. _____ Date _____ Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

†

(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title

Title _____

Date

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be given, as in the following: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010031-1

Public Voucher for Purchase of
Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. c COST REIMBURSABLE Sheet No. 1 of Bureau Voucher No. 1096
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract <u>A/01</u> System II Direct Costs Properly Chargeable to Contract <u>A/01</u> for the period 10/14 thru 11/17/57 STATINTL Research & Development					
					<u>Production</u>		<u>Total</u>
		Labor for the period 10/14/57 thru 11/17/57					
		Other Costs - per schedule attached					
		Total Labor and Other Costs					
		G & A expense computed at interim rate of					
		Total Costs				\$ <u>9,630.09</u>	
		STATINTL					

BATCH NO DATE	TICKET INVOICE CR MEMO	CHECK NO	PAYEE NAME OR VENDOR NO	TR CODE	COST CNTR	ACCT	MJO	DATE SO	W O	DISTR AMT
11 11 13 7	77	8585	352	55	252130	12501	5076	05	1	2.50 2.50
15 11 12 7	8935	11157	233	50	252520	12501	5076	05	1	27.50
15 11 12 7	8935	11157	233	51	252520	12501	5076	05	1	.14
18 11 13 7	B008959	11187	233	50	252520	12501	5076	05	1	88.50
18 11 13 7	B008959	11187	233	51	252520	12501	5076	05	1	.44
20 11 14 7	4451	12107	89	50	252520	12501	5076	05	1	330.00 445.42
										447.92 **
0 11 14 7	4451	12107	89	50	252520	12501	5076	07	1	118.30
2 11 15 7	1628	11227	193	50	252520	12501	5076	07	1	289.00
2 11 15 7	1628	11227	193	51	252520	12501	5076	07	1	2.89 404.41 *
										404.41 *
6 11 13 7	1621	11187	193	50	252520	12501	5076	09	1	293.34
6 11 13 7	1621	11187	193	51	252520	12501	5076	09	1	2.93 290.41
										290.41 *
5 11 12 7	8998	11157	233	50	252520	12501	5076	11	1	49.50
5 11 12 7	8998	11157	233	51	252520	12501	5076	11	1	.25
5 11 12 7	8935	11157	233	50	252520	12501	5076	11	1	27.50
5 11 12 7	8935	11157	233	51	252520	12501	5076	11	1	.14 76.61
										76.61 *
										76.61 *
										1,219.35 ***

Continued

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Sheet #2

TICKET PAYEE NAME

BATCH	INVOICE	CHECK	CR MEMO	NO	VENDOR NO	OR	TR	COST	CNTR	ACCT	MJO	SO	W O	DATE	DISTR	AMT
12 11 08 7	B008899	11137		233	233		50	252520	12501	5076	10	1		11/10/57	52.50	
12 11 08 7	B008899	11137		233	233		51	252520	12501	5076	10	1			.26-	
															52.24 *	
															52.24 **	
															52.24 ***	

Sheet # 1 1319.35
Total \$ 1,271.59

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